



REQUEST FOR PREVAILING WAGE

State Form 48364 (R3 / 6-08)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

FOREIGN LABOR CERTIFICATION UNIT
10 N. SENATE AVENUE, INDIANAPOLIS, INDIANA 46204-2277
PHONE: (317) 233-6681 FAX: (317) 234-2932

PLEASE NOTE: This information provided here is for the purposes of determining the PREVAILING WAGE for the occupation listed. This wage is required for certain immigration-related activities. It is not valid for any other purpose. All requested information must be provided or the request will be returned via U.S.P.S mail to obtain the missing information.

1. Name and address of person requesting determination:

DWD-FLC Tracking Number:

2. FAX No.: ()

3. Telephone No.: ()

4. Name of Employer:

5. Federal Employer ID Number:

6. City and County proposed employment

City

County

7. If employer is a post-secondary institution, indicate discipline or school

8. Nature of Employer's business:

9. Job Title:

10. Complete job description (use additional sheet if necessary):

11. State in Detail the MINIMUM requirements for above position

College Degree required (specify)

Major Field of Study

TRAINING:

Number of Years

Number of Months

Type of Training

EDUCATION: (enter number of years)

High School

College

Technical/Trade

EXPERIENCE: Job Offered

Years

Month

Related Occupation

Years

Months

Job Title

12. Special requirements if any:

13. Occupational title of worker's immediate supervisor

14. Number of employees worker will supervise

===== DO NOT MAKE ANY ENTRIES BELOW =====

The prevailing wage for the above occupation in the area indicated has been determined to be

\$ _____ per _____

OES/O-Net Code

Level:

Date of Determination:

THIS DETERMINATION IS VALID FOR NOT LESS THAN
90 DAYS OR MORE THAN _____ FROM THE DATE OF
ISSUE (determination).